



Fee purpose only

[10191/2064]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) : Thomas BRINZ
Serial No. : 10/032,973
Filed : October 24, 2001
For : DEVICE FOR TESTING A MATERIAL THAT
CHANGES SHAPE WHEN AN ELECTRIC AND/OR
MAGNETIC FIELD IS APPLIED
Examiner : Mirellys Jagan
I hereby certify that this correspondence is being deposited with the
United States Postal Service with sufficient postage as first class mail
in an envelope addressed to:
Art Unit : 2859 Mail Stop ~~AMENDMENT~~
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
on
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date 23 Dec 2004 Atty's Reg. # 36,098

Atty's Signature

MICHELLE M. CARNIAUX
KENYON & KENYON

AMENDMENT

SIR:

This paper addresses the Office Action of September 23, 2004. Applicant respectfully requests reconsideration of the above-identified application as set forth in the Remarks below. Initially, please amend the above-identified application as set forth below.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings begin on page 6 of this paper and include an attached replacement sheet.

Remarks begin on page 7 of this paper.

02/01/2005 VBR0HN2 00000001 110600 10032973

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CLAIMS AS FILED - PART I

TOTAL CLAIMS		(Column 1)	(Column 2)
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =		
INDEPENDENT CLAIMS	minus 3 =		
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus	21	
Independent	2	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT B		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	Minus	21	4
Independent	2	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY
RATE	FEES	
BASIC FEE	385	BASIC FEE
OR		377.00
X\$9=		OR
X\$18=		X\$18=
X\$36=		OR
+145=		X\$60=
TOTAL		OR TOTAL

SMALL ENTITY		OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE	
X\$9=		OR
X\$18=		X\$18=
X\$36=		OR
+145=		X\$60=
TOTAL		OR TOTAL
ADDITIONAL FEE		ADDITIONAL FEE

		RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9=		OR	X\$18=	72	
X\$18=		OR	X\$36=		
+145=		OR	X\$60=		
TOTAL		OR	TOTAL		ADDITIONAL FEE
ADDITIONAL FEE					

AMENDMENT C		(Column 1)	(Column 2)	(Column 3)		
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
Total	25	Minus	25		X\$9=	
Independent	5	Minus	3	2	X\$18=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

		RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9=		OR	X\$18=		
X\$18=		OR	X\$36=	400.00	
+145=		OR	X\$60=		
TOTAL		OR	TOTAL	400.00	ADDITIONAL FEE
ADDITIONAL FEE					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.